

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

PLACE OF BIRTH:

County Gila State ARIZONA
Township _____ or Village _____
City _____ No. _____

Full name of child WOODS (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward. _____
Sex Female F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Dec. 15, 1890 193
5. Number, in order of birth _____ Full term _____ (If child is not yet named, make supplemental report, as directed.) (Month, day, year)

FATHER		MOTHER	
Full name <u>Lyman Woods</u>		Full maiden name _____	
Residence (usual place of abode) _____ (If nonresident, give place and State)		19. Residence (usual place of abode) _____ (If nonresident, give place and State)	
Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
Birthplace (city or place and State or country): _____		22. Birthplace (city or place and State or country): _____	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____ 193	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____
Before labor _____
During labor _____

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, should make this return. (Signed) J. W. Largent M. D.
Name added from _____ or _____ Midwife
a supplemental report _____ (Date of) _____
Address _____